COMMERCIAL PE	ERIVIII APP	LICATION		Application	# 1 2 1	TO THE STREET	
Roanoke County / Town of Vinton - Community Development			NEW CONSTRUCTION/ADDITIONS				
5204 Bernard Dr.			New building ar	ea:		sq. ft.	
P.O. Box 29800	Phone: 54	10-772-2065	# of stories				
Roanoke , VA 24018	Fax: 540-	-772-2108	# of units	elizaren era		***************************************	
Date of Application:							
TYPE OF WO	DRK (circle)		Water Source:(d	circle)	Public	Well	
New construction	Alter	ation	Sewage:(circle)		Public	Septic	
Addition	Dem	olition	Water/Sew/We	II/Septic#		mikania muun maan ali daamaa maan m	
CATEGORY OF	CONSTRUCTION		•				
Building primary use:			ALTERA	TIONS/DEM	OLITIONS		
Building secondary use:	***************************************		Permit fees are based	on the value of w	ork performed	1	
Accessory structure: (describe)			Including equipment, labor, overhead and profit.				
Other:(describe)			This estimate includes the entire job.				
	(Describe briefly, but th	oroughly)					
The second secon	2. September 2 - Anna Stand, Sand Michaeled, P. P. Charles (p. 1) anna 1		Estimated Cost	:\$			
				TRADE PERMITS INVOLVED (circle)			
			Electrical	Plumbin			
JOB SITE INFO	RMATION		Mechanical		·9		
Primary Job Address:	tana and a said a s	la tra a con trasporte et altre trasperante la la la constitución de la constitución de la constitución de la c	Fire Safety:	Sprinkler	Alarm	Hood	
Secondary Job Address:			The carety.	1 Optimio	7 101111	11000	
City/State/ZIP:	**************************************		Estimated Cos	t· S		***************************************	
Suite #:			(Each trade will need individual permits)				
Development:(mall, strip, apts)	M. 12 C. 2 C		,		, , , , , , , , , , , , , , , , , , ,	,	
Fax map/parcel #:	7	oning:					
PROPERTY O						V	
Name:							
Mailing address:							
City/State/ZIP:							
	Cell #:(14-16-16-16-16-16-16-16-16-16-16-16-16-16-				
APPLICANT (if other	r than owner)						
						<u> </u>	
							
							
	Fov #:/ \						
	E-IIIaII.						
	County Liconoc d	μ. [
Expiration Date.	County License r	<u></u>					
Phone #:() APPLICANT (if other Business name: Applicant name: Address: City/State/ZIP: Phone #:() Cell #:() State License #: Expiration Date:	Fax #:() E-mail: County License #	#: CERTIFICATION:	proposed work has been	authorized by the	owner of		
thereby posify that there the amount of	ropard of the basels do		proposed week has have	ng dhasina al barth -			
I hereby certify that I am the owner of record and that I have been authorized rules and policies and such shall be de official or his authorized representative	d to make this application a eemed a condition entering e shall have the authority to	as a designated agent. I age into the exercise of the	agree to conform to all app permit. In addition, if a pe	olicable state and rmit is issued, I c	d local regulat ertify that the		
enforcing the provisions of the applica	ble code(s).		DATE				
APPLICANT:	OWNERS AFEIDAVI	IT:/complete if applican	DATE: t is not a licensed contra			-	
I affirm that I am the owner of the prop				-	111 of the Co	de of	
Virginia, as amended, and I am not su	•						
award a contract to an unlicensed con	-						
SIGNED:(MUST BE NOTARIZED IF OWNER D							
Subscribed and sworn before me in th			this day of	20	_		
My commission expires	<i>1</i>	Notary Public					